

REGIONAL TRAINING OFFICE – DD 1556 ACTIVITY USER ACCOUNT REQUEST

1. Activity Name: (Full)		2. Organization Code:	
3. Name: (Last, First, Middle Initial)		4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. SSN / Employee No.:		6. DOB: (mm/dd/yyyy)	
7. Job Title:		8. Job No.:	9. Grade:
10. E-mail Address:		11. Phone:	
12. Access Level:			
<u>Location</u>	<u>Activity</u>	<u>Department</u>	<u>Office Code</u>
<input type="checkbox"/> Yokosuka	_____	_____	_____
<input type="checkbox"/> Atsugi	_____	_____	_____
<input type="checkbox"/> Sasebo	_____	_____	_____
<input type="checkbox"/> Misawa	_____	_____	_____
<input type="checkbox"/> Okinawa	_____	_____	_____
<input type="checkbox"/> Others	_____	_____	_____
_____	_____	_____	_____
13. Signature for User:		14. Date:	
15. Authorized Personnel Signature:		16. Date:	
17. E-mail Address:		18. Phone:	
19. Note:			
RTO Official Use Only			
20. Received Date:		21. DATS Received Date:	